

To: Interested APRN Shareholder Community

From: Members, Board of Registration in Nursing

Date: October 1, 2006

RE: 244 CMR 4.00 Task Force Report

Background

During the Board of Registration in Nursing (Board) Retreat of Fiscal Year 2005, review of the regulations at 244 CMR 4.00: Massachusetts Regulations Governing the Practice of Nursing in the Expanded Role was identified as a top priority to ensure that the regulations are consistent with current Advanced Practice Registered Nurse (APRN) roles, responsibilities and practice.

Summary

At their September 14, 2005, meeting, the Board authorized the formation of a state-wide task force comprised of APRN stakeholders to review 244 CMR 4.00 and make recommendations. The task force was asked to make a final report by the end of summer 2006. The Board specifically charged the task force with developing evidence-based recommendations that answer the following questions:

1. What should be the educational preparation required for seeking the Board's authorization to practice as an APRN in Massachusetts?
2. What is the competency and scope of practice of the APRN, and how does it protect the public?
3. How is the issue of ages of populations that are served by an APRN regulated in such a way that it enhances public safety?
4. Is the Clinical Nurse Specialist an APRN, and if so, how does the Board regulate the role, responsibilities and practice of this clinician group? and
5. What does physician supervision and practice/prescriptive guidelines mean to public protection in 2006?

A total of six task force meetings occurred between October 28, 2005, and July 28, 2006. They were designed to allow for at least one fully scheduled meeting to discuss each of the five areas of the Board's charge. Drafted recommendation language was developed in response to the task force discussion regarding the formation of each recommendation, circulated for input and finalized with consensus by the APRN stakeholder task force members.

The accompanying table and appendices present the current 244 CMR 4.00 regulation under discussion by the Board related to the specific charge, the task force recommendation and the rationale for change. The appendices identify the task force members and those staff members from the Massachusetts Board of Registration in Medicine, Massachusetts Board of Registration in Pharmacy, and Massachusetts Department of Public Health Drug Control Program who were invited to provide consultation and interpretation of their regulations to the task force members, a reference list, and a summary of the discussion from each task force meeting.

1. What should be the educational preparation required for seeking the Board's authorization to practice as an APRN be in Massachusetts?

Current Regulations		
<p>244 CMR 4.13</p> <p>(1)(a): Nurse Midwife (NM). 1. Satisfactory completion of a formal educational program which has as its objective the preparation of nurses to perform as nurse midwives and which the Board has recognized as such; and</p> <p>(2)(a): Nurse Practitioner (NP). 1. Satisfactory completion of a formal educational program for registered nurses which has been approved by a national professional nurses accrediting body which the Board recognizes as such. The program must have as its objective the preparation of professional nurses to practice in an expanded role as nurse practitioners. The Board will accept in satisfaction of this requirement only those educational programs whose attendance and training requirements are the equivalent of at least one academic year; and</p> <p>(3)(a): Psychiatric Nurse Mental Health Clinical Specialist (PC). (a) Satisfactory completion of a formal educational program (whose attendance and training requirements are the equivalent of one academic year) in addition to generic nursing preparation which has been approved by a national professional nursing accrediting body which the Board recognizes as such. The program must have as its objective the preparation of nurses to practice as psychiatric nurse mental health clinical specialists.</p> <p>(4)(a): Nurse Anesthetist (NA). 1. Satisfactory completion of a formal education program in addition to generic nursing preparation which meets the standards of the Council on Accreditation of Nurse Anesthesia Programs and which has as its objective the preparation of nurses to perform as nurse anesthetists; and</p>		
Task Force Recommendation # 1 Educational Preparation	Rationale	
<ul style="list-style-type: none"> Require receipt of an <u>earned clinical master's degree or doctorate degree</u> from a graduate school designed to prepare graduates for practice as an APRN and approved by a national accrediting body acceptable to the Board; or Have received, in addition to a non-nursing or non-clinical nursing master's or doctorate degree a certificate of completion of an educational program in advanced nursing practice approved by a national accrediting body acceptable to the Board; and Demonstrate evidence of successful completion of core courses in advanced pharmacotherapeutics, advanced assessment and advanced pathophysiology 	<ul style="list-style-type: none"> Consistent with national standards; <ol style="list-style-type: none"> NM: American College of Nurse Midwives is moving to support graduate degree either in nursing or in a non-nursing but related discipline; NP: A graduate degree in nursing is a requirement to be eligible to sit for the national certifying examination; PC: A graduate degree in nursing is a requirement to be eligible to sit for the national certifying examination; NA: American Association of Nurse Anesthetists requires a graduate degree in nursing or non-nursing graduate degree in a related science; and CNS: A graduate degree in nursing is a requirement to be eligible to sit for the national certifying examination. 	

<ul style="list-style-type: none"> APRNs already authorized by the Board and not educated at the graduate level will be able to continue to practice without being required to obtain a clinical graduate degree (i.e. grandfathering clause) 	<ul style="list-style-type: none"> Certifying bodies who administer the examinations must have national and/or federally deemed status; In order for certifying bodies and approval bodies to carry deemed status, they must provide a mechanism for shareholder input and a forum for shareholder complaints; the Boards of nursing are among these shareholders, thus providing the Board with the opportunity to participate in the process and to ensure that the mechanisms of safety for public protection are incorporated. Approval is granted to a school based on federally determined criteria which includes admission & exiting requirements, curriculum that incorporates evidenced-based and national data and trends, and that course work is taught by appropriately prepared faculty;
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2. What is the competency and scope of practice of the APRN, and how does it protect the public?

Current Regulations
<p>244 CMR 4.26</p> <p>(1): Nurse Midwife (NM).</p> <ul style="list-style-type: none"> care of women throughout the course of pregnancy, labor and delivery periods; care to mothers and their infants in the post-partum period as well as well-woman gynecological and family planning management; and care provided according to the standards which have been deemed acceptable by the Board as well as guidelines approved and developed in compliance with 244 CMR 4.22 and which satisfy the requirements of 244 CMR 4.25(1) and is more precisely delineated in 244 CMR 4.26(1)(a) through (h). <p>(2): Nurse Practitioner (NP).</p> <ul style="list-style-type: none"> Assessing the health status of individuals and families by obtaining health and medical histories, performing physical examinations, diagnosing health and developmental problems, and caring for patients suffering from acute and chronic diseases by managing therapeutic regimens according to guidelines approved and developed in compliance with 244 CMR 4.22; and Such other additional professional activities as authorized by the guidelines under which a particular nurse practitioner practices. <p>(3): Psychiatric Nurse Mental Health Clinical Specialist (PC).</p> <ul style="list-style-type: none"> the delivery of mental health care and includes evaluative, diagnostic, consultative, and therapeutic procedures established in accordance with

guidelines approved and developed in compliance with 244 CMR 4.23 and 4.25(3).

(4): Nurse Anesthetist (NA).

- preparation of a patient for anesthesia, its administration, and the provision of post-operative care according to guidelines approved and developed in compliance with 244 CMR 4.22 and is more precisely delineated in the separate paragraphs contained in 244 CMR 4.25(4)(a) through (g).

Task Force Recommendation # 2 Competency and Scope of Practice	Rationale	
<ul style="list-style-type: none"> • APRN is an umbrella term that authorizes the nurse anesthetist, nurse midwife, nurse practitioner, and clinical nurse specialist to practice within his/her Board recognized specialty which include; <ol style="list-style-type: none"> a. Nurse Anesthetist b. Nurse Midwife c. Clinical Nurse Specialist (both psychiatric mental health and non-psychiatric mental health) d. Adult, Family, Gerontology, Pediatric, Women's Health, Adult-Acute Care, Pediatric- Acute Care, Psych/Mental Health or Neonatal Nurse Practitioner; • APRN must demonstrate specific competence by: Graduating from an advanced nursing education program that is accredited by a Board-recognized accrediting agency and that is designed to prepare the graduate for practice in one or more of the specific APRN categories recognized by the Board. • The Board-recognized accrediting agency must: establish and maintain national accreditation standards that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the program it accredits; <ol style="list-style-type: none"> 1. maintain effective mechanisms for evaluating an advanced nursing education program's compliance with the agency's standards in order to reach a decision to accredit the program; 2. provide a detailed description of the agency's survey process; 3. maintain a data management and analysis system with respect to its accreditation decisions; 4. publish procedures for responding to and for investigation of 	<ul style="list-style-type: none"> • Brings congruence with 244 CMR 9.04 (1): Preparation and Competency. "An APN shall practice only in the category of advanced practice nursing for which the Board has authorized him or her. The APRN's clinical practice shall include only those areas of practice for the APRN has formal, advanced nursing education and documented competency. Such formal, advanced nursing education shall meet criteria for continuing education in nursing as specified in 244 CMR 5.00."; • Competency for successful implementation of professional scope is specialty-specific, and the regulations need to recognize and acknowledge that core and specialty knowledge, skills and abilities provide a primary method of ensuring public protection; • The interrelationship of the regulatory, accrediting and approving bodies working together provides a comprehensive mechanism of public safety by ensuring that what is taught, is what is tested, and is what is practiced. 	

- complaints against it; and
- 5. publish policies and procedures with respect to withholding or removal of accreditation status including notifying the Board;
- Acquire professional advanced practice nursing certification granted by a Board-recognized certifying body for APRN practice.
- The Board-recognized certifying body for APRN practice must:
 1. be national in the scope of its credentialing;
 2. establish and maintain conditions for writing the certification examination that are consistent with acceptable standards of the testing community;
 3. establish and maintain education requirements that are consistent with the requirements of the advanced practice specialty;
 4. establish and maintain standard methodologies that are acceptable to the testing community such as, but not limited to, incumbent job analysis studies;
 5. design and administer a certification examination that represents entry-level practice in the advanced nursing practice category and that represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care; and
 6. to use and periodically review examination items for; content validity, cultural bias and correct scoring using an established mechanism;
- The APRN can only engage in those areas of clinical practice for which the APRN has formal, advanced nursing education and documented competency; and
- The APRN may only perform those acts within the scope of advanced nursing practice defined in MGL c. 112, s. 80B. Such practice must be in accordance with professionally recognized standards that describe the level of care or performance necessary for the delivery of safe advanced nursing care and by which the quality of advanced nursing care can be judged.

- [illegible]

3. How is the issue of ages of populations that are served by an APRN regulated in such a way that it enhances public safety?

Current Regulations		
244 CMR 4.26 (1)(a): Nurse Midwife (NM). "...women, their families, and other patient groups..." (2)(a): Nurse Practitioner (NP). "... individuals and families..." (3)(a): Psychiatric Nurse Mental Health Clinical Specialist (PC). "... delivery of mental health care..." (4)(a): Nurse Anesthetist (NA). "... of a patient..."		
Task Force Recommendation # 3 Ages of Population	Rationale	
<ul style="list-style-type: none"> The APRN may practice across the life span within an authorized APRN category if he/she is competent to do so; <i>or</i> Based on knowledge, skills and abilities to competently deliver safe and effective care in an age-based specialty or in a sub-specialty. 	<ul style="list-style-type: none"> Congruence with 244 CMR 9.04 (1): Preparation and Competency [see above]; and With the exception of pediatrics and gerontology, APRN care is disease or body-system oriented and management of disease or body system is core course curriculum 	

4. Is the Clinical Nurse Specialist an APRN, and if so, how does the Board regulate the role, responsibilities and practice of this clinician group?

Current Regulation		
244 CMR 4.11: Categories of Nurses Practicing in Expanded Roles. A nurse practicing in an expanded role includes nurses whose professional activities fall within the following categories: (1) Nurse Midwife (2) Nurse Practitioner (3) Psychiatric Nurse Mental Health Clinical Specialist (4) Nurse Anesthetist (5) Other categories as the Board and the Board of Registration in Medicine determine from time to time.		
Task Force Recommendation # 4 Clinical Nurse Specialist	Rationale	
<ul style="list-style-type: none"> Regulate the CNS as an APRN category including evidence of being 	<ul style="list-style-type: none"> According to the National Association of Clinical Nurse Specialists, 	

<p>a graduate of an advanced nursing education program that is accredited by a Board-recognized accrediting agency and that is designed to prepare the graduate for practice as a clinical nurse specialist.</p> <ul style="list-style-type: none"> • The Board-recognized accrediting agency must: <ol style="list-style-type: none"> 1. establish and maintain national accreditation standards that are sufficiently rigorous to ensure that the agency is a reliable authority regarding the quality of the program it accredits; 2. maintain effective mechanisms for evaluating an advanced nursing education program's compliance with the agency's standards in order to reach a decision to accredit the program; 3. provide a detailed description of the agency's survey process; 4. maintain a data management and analysis system with respect to its accreditation decisions; 5. publish procedures for responding to and for investigation of complaints against it; a 6. publish policies and procedures with respect to withholding or removal of accreditation status including notifying the Board; • Acquire professional clinical nurse specialist certification granted by a Board-recognized certifying body for CNS practice; and • The Board-recognized certifying body for CNS practice must: <ol style="list-style-type: none"> 1. be national in the scope of its credentialing; 2. establish and maintain conditions for writing the certification examination that are consistent with acceptable standards of the testing community; 3. establish and maintain education requirements that are consistent with the requirements of the advanced practice specialty; 4. establish and maintain standard methodologies that are acceptable to the testing community such as, but not limited to, 	<p>the CNS is an RN with a graduate or doctoral degree designed to prepare the CNS as a clinical expert in diagnosing and treating illnesses and the delivery of evidence-based nursing interventions;</p> <ul style="list-style-type: none"> • CNSs possess advanced knowledge of nursing science within a specialty focus; • The CNS applies knowledge to comprehensive nursing assessments, diagnoses and interventions; • CNSs functions independently; and • The certifying and approval bodies structure is the same as for the NP, creating the same levels of public safety mechanisms; • Nationally, the trend is moving towards a blending of the two roles as evidenced by one certifying examination in psych/mental being used in application towards authorization as a NP or PC. • National certification examinations meeting the same criteria as the certifying examinations for the NP, NA, NM, and NA exist and measure the competencies for entry-into-advanced nursing practice;
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incumbent job analysis studies; 5. design and administer a certification examination that represents entry-level practice in the advanced nursing practice category and that represents the knowledge, skills and abilities essential for the delivery of safe and effective advanced nursing care; and 6. to use and periodically review examination items for; content validity, cultural bias and correct scoring using an established mechanism.		
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5. What does physician supervision and practice/prescriptive guidelines mean to public protection in 2006?

Current Regulation		
244 CMR 4.05: <i>Supervising physician.</i> Means a physician holding an unrestricted full license in Massachusetts who: (a) has completed approved Accreditation Council for Graduate Medical Education (ACGME) training in the United States or is Board certified in the nurse's area of specialty, or has hospital admitting privileges in that specialty area; (b) holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration; (c) develops and signs mutually agreed-upon guidelines with the nurse engaged in prescriptive practice; and (d) reviews and provides direction for the nurse's prescriptive practice at least every three months, or delegates to another fully licensed, qualified physician such direction and review.		
Task Force Recommendation # 5 Supervision and Guidelines	Rationale	
<ul style="list-style-type: none"> Describes the physician-APRN relationship as collaborative and consultative with a team approach to patient safety; and Streamline and bring consistency, when appropriate, and available between the practice/prescriptive guidelines and other existing employer systems of privileging, credentialing, role descriptions, or other business contracts. 	<ul style="list-style-type: none"> Natural evolution of the work of the physician and the APRN has migrated into far more collaborative ways; Mutual respect and understanding of each other's role provides greater clarity and translates into safer patient encounters; Evidence demonstrates that APRN practice including prescriptive practice has not resulted in an increase of Board complaints. 	

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Task Force Members

Professional Associations

Home Care Alliance of Massachusetts
Helen Siegel, RN, MS, MBA
Director of Regulatory Affairs

Massachusetts Association of Colleges of Nursing
Margery Chisholm, RN, EdD, CS
Professor and Director of Graduate Program in Nursing at
MGH Institute of Health Professions

Massachusetts Association of Nurse Anesthetist
Jeffrey A. Joyce, CRNA
Government Relations Chair

Massachusetts Association of Registered Nurses
Myra F. Cacace, APRN, BC-ADM, CDE
Board of Directors &
Nurse Practitioner for Fitchburg Adult Medicine, LLC

Massachusetts Chapter of the American College of Nurse Midwives
Milree Keeling, MS, CNM
Chair, Joint Legislative Committee &
Service Coordinator for Lipton Early Intervention

Massachusetts Coalition of Nurse Practitioners
Lisa M. Arello, MS, APRN, BC
President &
Nurse Practitioner for UMass Memorial Healthcare

Massachusetts Extended Care Federation
Alice Bonner, APRN-BC, GNP, FAANP
Director of Clinical Quality

Massachusetts Nurses Association
Shirley Ann Duggan, MS, RN
Associate Director, Nursing Division

Massachusetts Organization of Nurse Executives
Maureen Banks, RN, MS, MBA
Past-President &

President, Skilled Nursing Faculties Division, Partners HealthCare System

Massachusetts School Nurse Organization

Marie DeSisto, RN, BSN, MSN

President &

Director of Nurses, Waltham Public Schools

National Association of Clinical Nurse Specialist

Kathryn Brush, RN, MS, CCRN, FCCM

Legislative/Regulatory Committee, Liaison for Massachusetts &

Surgical Critical Care Clinical Specialist, Massachusetts General Hospital

Nurses United for Responsible Services

Ruth Johnson, MSN, CNM, CS

Legislative Committee &

PC, Massachusetts General Hospital

APRN Education

William F. Connell School of Nursing at Boston College

Patricia Tabloski, PhD, APRN, BC, GNP

Associate Dean for Graduate Studies

UMass Boston, College of Nursing and Health Sciences

Margaret McAllister PhD, FNP-C, APRN, BC, FAANP

Associate Professor and FNP Coordinator & Director Post Master's Certificate Program

APRN Employers

Baystate Medical Center

Jeanne Gagliarducci, MS, RN, CNA, BC

Manager of Professional Development

Tufts-New England Medical Center

Lynne Swindler, CRNA, MS

Chief CRNA & Clinical Director of Students

Consumer

William Tracia

President, Northern Business Machines, Inc.

State Agencies

Board of Registration in Medicine

Charlene DeLoach, JD, CISR

Director, Patient Care Assessment and Regulations Division

Board of Registration in Medicine

Jane Mihalich, RN, BSN

Nurse Reviewer, Patient Care Assessment

Department of Public Health-Center for Quality Assurance and Control

Grant M. Carrow, Ph.D.
Deputy Director

Department of Public Health-Division of Health Professions Licensure
Board of Registration in Pharmacy
Chuck Young, R.Ph., CFE
Executive Director

Department of Public Health-Division of Health Professions Licensure
Board of Registration in Pharmacy
J. D. Coffey, R.Ph.
Associate Director

Board Liaison

Sheila Kaiser, RN, CRNA
Board of Registration in Nursing &
Chief Nurse Anesthetist, Massachusetts General Hospital

Paulette Remijan, MS, APRN
Board of Registration in Nursing &
Assistant Professor of Nursing, Anna Maria College

Board Staff

Department of Public Health-Division of Health Professions Licensure
Board of Registration in Nursing
R. Gino Chisari, RN, MSN
Nursing Practice Coordinator

Department of Public Health-Division of Health Professions Licensure
Board of Registration in Nursing
Barbara Kellman, JD, MSW
Board Counsel

Department of Public Health-Division of Health Professions Licensure
Board of Registration in Nursing
Carol A. Silveira, MSN, RN
Assistant Director for Policy and Research

Department of Public Health-Division of Health Professions Licensure
Board of Registration in Nursing
Joelle Stein, JD
Board Counsel

Summary Discussion of Task Force Meeting

Six meetings were held at which participants reviewed and discussed their previously distributed materials related to the agenda topic(s). An overview of the discussion for each meeting includes:

October 28, 2006:

A presentation and review of the Board's mission and of the statutes and regulations governing advanced nursing practice were conducted before opening the discussion on educational preparation for entry-into-practice, the relationship and value of the approval accrediting, and certifying bodies.

January 6, 2006:

Discussion of educational preparation as it is specifically related the development of practice competencies continued and how practice competencies can direct the requirements for initial authorization for practice. Basic consensus was reached on recommendation #1: Educational preparation for authorization for practice as an APRN.

March 3, 2006:

Recommendation #1 was finalized and adopted by the task force and used as a leap frog into discussion on Recommendation #2: Competency and the Scope of the Advanced Practice Registered Nurse, and #3: Ages of the populations served by the APRN authorization. Most discussion related to competency and scope was consistently brought back to the points and the language used in crafting recommendation #1.

May 19, 2006:

Recommendation #2 and #3 were reviewed and agreement reached by the task force. A review and brief discussion occurred regarding the National Council of State Boards of Nursing 2006 Vision Paper, including the responses from local and national nursing organizations. Recommendation #4: Inclusion/Exclusion and/or the possible regulation of the Clinical Nurse Specialist (non-psychiatric mental health) as an Advanced Practice Registered Nurse, was presented including reference materials.

June 30, 2006:

Editing and adoption of Recommendation #2 and #3 was achieved. Discussion and consensus on Recommendation #4 occurred. The introduction of Recommendation #5: Physician Supervision and Practice/Prescriptive Guidelines was introduced and reference materials discussed.

July 28, 2006:

Recommendation #4 is adopted and discussion leading to agreement on a recommendation #5 was the result of meeting.

Reference Materials Used Include:

- Advanced Practice Nursing Consensus Work Group (Draft Report)
- The Essentials of Doctoral Education for Advanced Nursing Practice.
- The Essentials of Graduate Education
- Nurse Practitioners as an Advanced Practice Nurse, Role Position Statement; Scope of Practice for Nurse Practitioners; Position Statement on Nurse Practitioner Curriculum; Standards of Practice.
- Standards for accreditation of baccalaureate and graduate nursing programs.
- Scope and Standards for Nurse Anesthesia Practice.
- Basic Principles for Midwifery Licensure; Definition of Midwifery Practice; Mandatory Degree Requirements for Midwives; Certified Nurse-Midwives and Certified Midwives as Primary Care Providers/Case Managers; Standards for the Practice of Midwifery; Independent Midwifery Practice; Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse Midwives/Certified Midwives; Collaborative Management in Midwifery Practice for Medical, Gynecological and Obstetrical Conditions; Core Competencies for Basic Midwifery Practice.
- Advanced Practice Nurses Offer Cost-Saving Solutions to Medicaid Reform Patient-Access Dilemma.

- ANA Hails Introduction of Bill to Expand Access to Advanced Practice RNs.
- A Role Delineation Study of Seven Nurse Practitioner Specialties.
- Psychiatric-Mental Health Nursing Practice; Professional Titling and Credentialing Advanced Practice Registered Nurse-Psychiatric/Mental Health.
- Legislative Considerations for Assessing Changes in Healthcare Professions Scope of Practice.
- Comparison between boards of nursing relative to APRN
- Responses to the 206 NCSBN APRN vision paper
- 105 Code of Massachusetts Regulations 700.
- 244 Code of Massachusetts Regulation 4.00.
- 244 Code of Massachusetts Regulations 9.00.
- Reflections on the continuing evolution of advanced practice nursing; *Nursing Outlook*; 51:203-211.
- Credentialing of APRN-BC in mental health field
- Comparison Between Boards of Nursing Relative to APRN.
- Comparison of Minimum Regulatory Requirements for MA APRN Authorization.
- Massachusetts General Laws Chapter 94C.
- Massachusetts General Laws Chapter 112, section 80B, 80E, and 80G.
- Statement on Clinical Nurse Specialist Practice and Education
- Advanced clinical nursing practice
- Member Board profile
- Model rules: section 4, initial licensure for advanced practice registered nurse.
- Requirements for Accrediting Agencies and Criteria for APRN Certification Programs.
- Regulation of advanced practice nursing position paper.
- Survey of boards of nursing regarding titles of APRNs recognized by state.
- NCSBN Vision Paper: The future regulation of advanced practice nursing.
- NONPF Statement on Nurse Practitioner Specialization.
- Criteria for evaluation of nurse practitioner programs.
- Comparison of minimum regulatory requirements for Massachusetts APRN authorization 244 CMR 4.13
- The criteria for recognition - basic eligibility requirement 602.10 link to federal programs.
- Nurse practitioner primary care competencies in specialty areas: adult family, gerontological, pediatric, and women's health.